

### TULAREMIA

During recent years a number of cases of tularemia of the ulceroglandular type, with the initial lesions on the external genitalia, have been encountered.

The punched-out ulcer, the inguinal adenopathy and the macular rash that are sometimes seen in tularemia may simulate certain phases of syphilis to a striking degree. The duration of the ulcer is practically the same as in syphilis. The inguinal adenopathy is usually more marked in tularemia, and the rash, if it does appear, is earlier.

Practically all the individuals give a history of a tick-bite at the site of the lesion. Whether the tick actually transmits the disease, acts as a mechanical carrier or merely opens a portal of entry for a contact infection, is not entirely clear.

Repeated blood Wassermanns and agglutination tests for *B. tularensis* should be made for at least one month.

Tularemia should be considered in the differential diagnosis of lesions of the external genitalia in individuals coming from an area where this disease is endemic.

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### RETINAL DETACHMENT—DIATHERMY PUNCTURE AND COAGULATION

Retinal detachment, formerly regarded as a hopelessly incurable disease, is now yielding very hopeful results, due to the modern operative treatment presented to the ophthalmological world a few years ago by Gonin. As this treatment is still in its developmental stage, changes in technique are being rapidly worked out.

The original Gonin operation was puncture of the sclera with the Paquelin cautery. Several modifications of this were then developed. Recently a visit to the various European clinics, where most of this work is being done, showed that the original Gonin cautery puncture was being replaced by various newer operations. Of all these various procedures, the Safar multiple diathermy puncture operation seemed to be the best, as well as the simplest.

To help evaluate the various methods of operating, frequent case reports of results obtained with one particular type of operation are helpful. Therefore, the following report on sixteen cases operated upon according to the Safar multiple diathermy puncture method are offered. It is also hoped that this will help dispel the pessimism about the hopelessness of treatment of retinal detachment that still exists in some quarters.

Of the sixteen unselected cases operated upon, eight being in only eyes, six were successful, giving a percentage of 37.5 cured. These cases were absolutely unselected, no patient being turned away, no matter how hopeless the outlook.

This percentage is very gratifying when the cases are further separated into favorable and unfavorable. Favorable cases are those of short duration (a few weeks), with one or two small holes and with no complications, such as high myopia, vitreous opacities, cataract or intra-ocular

operative procedures previously performed. Of these six favorable cases, three, or 50 per cent, were cured.

There were ten unfavorable cases, including two which had previously been unsuccessfully operated upon by the Gonin method. Of these ten patients, three (including the two just mentioned) were successfully operated upon, giving 33 per cent cured.

Thus, in a total of sixteen cases of detachment of the retina, six, or 37½ per cent, resulted in cures; a very gratifying figure, which should stimulate everyone to energetic treatment of this disease.

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*Protein Fever Treatment in Neurosyphilis.*—In the treatment of neurosyphilis as previously reported, Nelson gives for each paroxysm of fever two separate intravenous injections of combined typhoid vaccine instead of one. After administration of the first dose, which is of a size calculated to cause slight fever, two or three hours is allowed to elapse for the patient's temperature to reach its height, this point being determined by taking the temperature every twenty minutes. At the peak of the fever induced by the first dose, the second injection is given. Following the second dose, which seems to "explode" a physiologic charge created by the first, the patient's temperature usually rockets to the levels characteristic of malaria: 105, 106, or even 107 F. The author states that, by means of this method, fever consistently higher than that produced by ordinary methods is obtainable. Treatment by this method is less dangerous than by malaria, is more convenient and widely available, and at the same time probably makes use of bodily immunity reactions similar to those induced by malaria. Treatment of patients with resistant neurosyphilis by this method has been followed by improvement equal to that observed in similar cases treated by malaria.—*Southern Medical Journal.*

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*The Modern View of Preventive Medicine.*—It is not unusual to hear preventive medicine discussed as if it is something apart, something altogether different from other branches of medical work. Yet surely most leaders of medical thought have long since discarded this idea, if indeed they ever had it. For many years now it has been an instruction of the General Medical Council (that important body in England which practically directs medical education throughout the Empire, that during his whole course of training the medical student shall have impressed on him the preventive aspect. The British Medical Association in England has taken the same view, and in formulating its proposals in 1930 for a general medical service made it "a fundamental principle . . . that a satisfactory system of medical service must be directed to the preventing of disease, no less than to the relieving of individual sufferers."

In his daily round the medical practitioner is the best public health worker we have. He aims not only to cure his patient, but to keep him in health. He aims to prevent the mild disorder from becoming a serious disease, to ward off dangerous complications.

The preventive and curative branch of medicine are not things apart. They are inseparably joined, an essential unity. The work at the bedside, indeed all efficient clinical work, is really an important part of preventive medicine. "To heal the individual sufferer, to enable him to resume his place in society, and to assist him to avoid recurrences of his trouble—these surely are our aims." The present high status of our community health is in large part due to the quiet unobstructive labors of general medical practitioners.—*Public Health Notes*, South Australia Department of Public Health.